	PATENT		TION FEE ffective Oct	EC	ORD	Application or Docket Number						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EI	ALLIA ALLIA	OR	OTHER SMALL	
TO	TAL CLAIMS		/0		(Columniz)			RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			minus 20 =		•			X\$9=		OR	X \$ 18 =	820
INDEPENDENT CLAIMS			2 "	inus 3 =				X \$ 44 =		OR	X \$ 88 =	
MUL	TIPLE DEPEN	DENT CLAIM P	RESENT ·	1				+ \$ 150 =		OR	+\$300=	
• If	the difference	In column 1 i	s less than ze	ro, enter	"O" in	column 2		TOTAL		OR	TOTAL	950
12/3/04 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	THAN
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMB PREVICE PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL/ FEE		RATE	ADDI- TIONAL FEE
	Total	. 10	Minus	-2	0	- Ø		X\$9=		OR	X\$18=	7
	Independent	. 2	Minus	••• 2	<u>. </u>	· Ø		X \$ 44 =		QR	X \$ 88 =	7
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA				CLAIM			+ \$ 150 =	7	OR	+ \$ 300 =	7
2 - 57								YOYAL ADDIT. FEE	7	OR	TOTAL ADOIT. FEE	·
AMENDMENT B	-5-67	(Column 1) CLAIMS REMAINING AFTER AMENOMENT		(Cotur HIGH NUM PREVIO PAID	est Ber USLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 0	Minus	- 2	0	• Ô		X\$9=		OR	X \$ 18 =	0
	Independent	. 2	Minus	••• `	3	• 💍	·	X \$ 44 =		OR	X \$ 88 =	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASM							+\$ 150 =		OR	+ \$ 300 =	6
TOTAL ADDIT. FEE OR ADDIT. FEE												0
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENOMENT	·	(Cohin HIGH HUMI PREVIO PAID	EST BER KUSLY	(Column 3) PRESENT EXTRA		RATE '	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ·	•	Minus	••		-	l	X\$9=		OR	X \$ 18 =	
	Independent	•	Minus	•••		=	ı	X\$44=		OR	X \$ 68 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 150 =		OR	+ \$ 300 =	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the Tightest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".												
	If the Trighest No	mber Previously F	reid For the THIS: reid For the THIS: ald For (Total or b	SPACE IS I	ess Plan	"3", enter "3".	and in 1	he appropriate	Dax in colum	รก 1.		